

Health Alert

November 15, 2001

**FROM: MAUREEN E. DEMPSEY, M.D.
DIRECTOR**

**SUBJECT: Public Health Preparedness for Threats and
Emergencies**

The Department of Health and Senior Services is forwarding the following information from CDC. Please contact the Department if you have any questions at 1-800-392-0272.

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CDC
CENTERS FOR
DISEASE CONTROL
AND PREVENTION



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DHSS DISTRIBUTION LIST: Local Public Health Agency Administrators

**FROM: Maureen E. Dempsey, M.D., Director
Missouri Department of Health and Senior Services**

**SUBJECT: Health Alert 30 Attachment: Public Health Preparedness for Threats and
Emergencies**

DATE: November 15, 2001

The Department of Health and Senior Services is forwarding the following information from CDC. Please contact the Department if you have any questions at 1-800-392-0272.

We want to thank our partners in state and local health for everything you are doing to respond to the increasing demands that are being placed upon you. We recognize the need to be ready on all fronts at all times. Many of you have put together preparedness and response plans and have worked closely with a variety of organizations on implementing these plans. We appreciate your feedback and lessons learned from these recent experiences. We want to share some of this information with everyone to help in identifying gaps and building immediate capacity to detect and respond to bioterrorism incidents. Below are the seven high priority areas that public health agencies have agreed to focus on for preparedness for public health threats and emergencies. Within each area are listed the overall goal and key, priority actions that we suggest be considered to not only assess preparedness but also identify critical gaps that need to be filled in your community. We suggest that your agency immediately consider which of these steps is appropriate and necessary for preparedness in your state and local area.

#1. Workforce

Goal: The public health system maintains a public health workforce capable of delivering the Essential Public Health Services during routine and emergency operation.

Suggested Action Steps:

- Ensure your emergency response plan:
 - Defines roles and responsibilities of each public health agency staff in preparedness, response, and recovery phases of public health emergencies
 - Contains updated policies and procedures for maintaining staffing requirements 24/7 during emergency response
 - Includes protocols for protection of emergency response personnel, including personal protective equipment, vaccination, antibiotics, and injury control.
- Ensure that staff from the public health agencies and other emergency response partners have been identified, trained, and cross-trained as needed, in their roles as outlined in the emergency response plan
- Provide community partners with contact telephone numbers for reporting/consultation and with guidelines for public health emergencies, including suspected bioterrorism
- Assess staffing needs and seek ways to add staff to fill critical gaps. This may include seeking emergency hire authority, waivers from hiring freezes or other actions.

#2. Information Systems

Goal: Public health systems establish and maintain secure accessible information systems for rapid communication, analysis and interpretation of health data, and public access to health information.

Suggested Action Steps:

- Ensure your agency has developed policies, procedures, and connections for securely receiving and transmitting health alerts from CDC's Health Alert Network and other federal communications systems, including the following determinations:
 - Who is authorized within your agency to: compose, send, receive, and take action 24/7 on health alerts?
 - Which officials within and outside of your public health system need to receive Health Alerts from your agency?
- Ensure your agency has developed procedures for emergency information management. For example, has your public health agency determined categories of information to log, track, and issue internal and public reports on during an emergency? And, has your public health agency developed standard report formats for reports it will issue regularly during an emergency?
- Continually test and improve information system linkages with community partners to ensure optimal system operation and readiness.

#3. Communication

Goal: Public health systems maintain communication mechanisms to 1) routinely translate scientific and health information for communities and policy makers 2) provide timely, accurate public information and advice to policy makers during emergent events, and 3) coordinate logistical communication within the response community.

Suggested Action Steps:

- Ensure your agency has communication protocols that are routinely tested for:
 - Establishing two-way communication between the agency and other emergency response organizations, such as hospitals, law enforcement, fire/EMS, etc.
 - Releasing public information on potential hazards and communicating with the Press/Media (including identification of a public information officer with competency in risk communication)
 - Linking with the Emergency Broadcast Alert System
 - Agency notification by 911 activation system
- Establish public information materials in advance of an event that include hazards to expect, precautions to take, and requirements for evacuation or shelter-in-place.
- Establish capability to ensure communication during emergency, including dedicated radio frequencies, back up power sources, mobile and wireless equipment, training for equipment orientation, redundant voice communication mechanisms and secure data communication.

#4. Epidemiology/Surveillance

Goal: Public health systems monitor health events to identify changes or patterns and to investigate underlying causes and factors.

Suggested Action Steps:

- Ensure your agency is monitoring early warning systems, on at least a daily basis, for detecting unusual occurrences of health outcomes; i.e., emergency department utilization, hospital admissions, ambulance runs, 911 call data, data on unexplained deaths, and etc.
- Ensure your agency is adequately staffed with persons who are needed to support epidemiological investigations, and who have access to (within four hours) epidemiologists to assess, investigate, and analyze a public health emergency.
- Identify, establish, and maintain working relationships with community partners, especially infectious disease staff in hospitals and other healthcare organizations.

#5. Laboratory

Goal: Public health systems maintain the ability to produce timely and accurate laboratory results for diagnostic and investigative public health concerns.

Immediate Action Steps:

- Ensure your agency has identified laboratory testing capabilities, including:
 - Laboratory contacts, responsibilities, and lines of authority
 - Testing capabilities for suspected BT, chemical agents, radiological, or other analyses
 - Additional staff or alternate local laboratories for surge capacity for interrupted testing service
 - Contingent methods of communicating laboratory results (e.g. electronic, phone, fax, courier)
 - Contingency plans to send public health and reference testing to other states
 - Protocols in place to address the secure handling and transport of laboratory and environmental specimens, including courier service and round the clock lab facility security.
- Ensure your agency has a specified liaison/coordinator for laboratory emergency response.

#6. Policy and Evaluation

Goal: Public health systems use community assessment findings to establish priorities and improve the effectiveness of programs and policy decisions.

Suggested Action Steps:

- Ensure that emergency management responsibilities for organizations within and outside the public health agency's jurisdiction have been determined, including:
 - Public health agencies
 - City/county/state government

- Education system (public education)
- Emergency management agency
- Environmental agencies with responsibilities for fire, health, water, air quality, and consumer safety
- Health organizations other than the public health agency (including urgent care centers, private physicians offices, nursing homes, custodial care facilities, home health care provider agencies, hospitals, poison control centers, pharmacies, mental health and occupational health)
- Local emergency planning committee
- National Guard
- Tribal nations
- Private sector: trade and business organizations, industry and labor
- Public information office for jurisdiction
- Public safety (fire and police)
- Public works/sanitation
- Transportation systems
- Volunteer organizations (e.g., Red Cross)
- Veterinarians

· Ensure that your agency, in conjunction with law enforcement, and other response organizations have developed policies regarding chain of custody, sharing of information, preservation of evidence, and maintenance of vital records.

· Check to make sure that you are aware of legal authorities for emergency response, including quarantine, investigation and identification, environmental surety, and other needed authorities and mechanisms for enforcing them. If authorities do not exist, seek ways to obtain emergency exceptions in advance.

#7. Preparedness and Response

Goal: Public health systems maintain the ability to effectively detect and respond to public health threats and emergencies.

Suggested Action Steps:

- Ensure your emergency response plan is authorized and has been activated by your governmental jurisdiction. Plans should include:
 - Facilities within the jurisdiction that are suitable for Emergency Operations Centers for public health operations
 - Alternative treatment facilities to accommodate increased patient loads in the event of a mass casualty incident
 - Plans for evacuation, relocation, or shelter-in-place for individuals and your agency
 - Roster of local medical facilities capable of handling laboratory specimens
 - Roster of local medical facilities capable of handling victims of exposure
 - Roster of local veterinary facilities capable of handling laboratory specimens
 - Roster of local veterinary facilities capable of handling affected animals
 - Guidelines for addressing environmental decontamination issues
 - Guidelines for worker safety for those dealing with humans and animals exposed to biological, chemical, or radiological agents
 - Mutual aid agreements with surrounding jurisdictions including military installations
 - Procedures for assisting special populations who may encounter barriers to health services during an emergency

- Capability for critical incident stress counseling for victims or response personnel, including public health and medical professionals
 - Protocol for protecting care-providers and victims from secondary exposures
 - Protocol for decontamination of patients upon their arrival at the treatment facility
 - Protocol for ensuring that contamination of treatment facilities does not occur when patients are evaluated or treated
 - Protocol for decontaminating mass casualties (pre-hospital)
 - Protocol for instituting mass isolation within a health facility
 - Procedures for both organizing and coordinating volunteers, including individual health care providers, during a disaster
 - Extensive and tested plans for instituting mass vaccinations or medication distribution from the National Pharmaceutical Stockpile, including the priority of distribution of vaccines and medications to first responders and medical/health care providers
 - Protocol for responding to mass mortuary needs
- Ensure your agency runs multiple, on-going exercises to evaluate your emergency response plan. Lessons learned should be used to amend plans and policies.